Routing: Division MDHHS/FCH

Account_74100/84000

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF FAMILY AND COMMUNITY HEALTH WASHINGTON SQUARE BUILDING 109 W. MICHIGAN AVE. LANSING, MICHIGAN 48913

Email to MDHHS-Hearing-and-Vision@michigan.gov

Vision Program Request for Forms

Address to which	ch shipment should be made:	Date:	
	(Requester's Name)		
	(Name of Agency)		
	(Number and Street)		
(City)	(State) (Zip Code)		
Sahaal Visio	n Saraanina Symplica		
Form Number	n Screening Supplies: <u>Title of Form</u>		Q uantity
DCH-0935	School Screening Card - two line difference	(250/pkg)	
DCH-0503	School - Room Summary Form (100/pkg) (O	ne set for every 30 children)	
Preschool Vi	ision Screening Supplies:		
Form Number	er <u>Title of Form</u>		
DCH-0934	Preschool Screening Card - two line difference	ce (250/pkg)	
DCH-0503P	Preschool - Daily Report Form (50/pkg) (One	e set for every 30 children)	
DCH-0508	Preschool - (Bunny) Occluder (500/pkg) (One	e for each child to be screened)	
Forms on the	e Website:		
DCH-0479	Preschool/Kindergarten Screening Form (On-	e for each child to be screened)	
DCH-0504	Vision Program Request for Forms (single she	et)	
DCH-0605	Quarterly Vision Screening Report - Batch She	eet (single sheet)	